

Case Number:	CM15-0091953		
Date Assigned:	05/18/2015	Date of Injury:	06/27/1998
Decision Date:	06/24/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old female, who sustained an industrial injury on 6/27/1998. She reported developing low back pain from routine activities. Diagnoses include lumbar sprain/strain, postlaminectomy syndrome, and chronic pain syndrome. She is status post lumbar fusion in 1999, hardware and re-fusion in 2001, and anterior fusion in 2002. Treatments to date include medication therapy, physical therapy, and lumbar epidural steroid injections. Currently, she complained of low back pain with recent three day flair of symptoms that radiated into the right leg. The pain was rated 3-7/10 VAS. Average pain was rated 4/10 VAS, and with medication pain was rated 3/10. On 4/23/15 the physical examination documented low back pain with decreased range of motion. The plan of care included continuation of medication therapy. This request is for Neurontin 800mg tablets, four tablets before bed daily, #120 with one refill; and Pamelor 10mg tablets, one tablet before bed #30, with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Neurontin 800mg #120 x 1, tabs po qhs + 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18 and 19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. The medical records document a history of chronic pain syndrome, thoracic spine sprain strain, and lumbar post-laminectomy syndrome. The date of injury was 6/27/98. The patient received cognitive behavioral therapy on 3/12/15 and reported depression and anxiety. The progress report dated 4/23/15 documented back pain and right leg pain. Pain in the low back and bilateral lower extremities is described as achy, burning, shooting, throbbing, tingling, radiating, numbing, pressure, deep, and cramping. The patient has stiffness, muscle weakness, joint pain, and anxiety. Current medications are Butrans patch, Neurontin, Relafen, and Pamelor. The patient has decreased painful range of motion in the low back. The patient reports anxiety. Medications are beneficial. The medical records document neuropathic pain. Per MTUS, Gabapentin is considered as a first-line treatment for neuropathic pain. The request for Neurontin (Gabapentin) is supported by MTUS guidelines. Therefore, the request for Neurontin (Gabapentin) is medically necessary.

Pamelor 10mg #30 x 1, 1 tab po qhs + 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti depressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The medical records document a history of chronic pain syndrome, thoracic spine sprain strain, and lumbar post-laminectomy syndrome. The date of injury was 6/27/98. The patient received cognitive behavioral therapy on 3/12/15 and reported depression and anxiety. The progress report dated 4/23/15 documented back pain and right leg pain. Pain in the low back and bilateral lower extremities is described as achy, burning, shooting, throbbing, tingling, radiating, numbing, pressure, deep, and cramping. The patient has stiffness, muscle weakness, joint pain, and anxiety. Current medications are Butrans patch, Neurontin, Relafen, and Pamelor. The patient has decreased painful range of motion in the low back. The patient reports anxiety. Medications are beneficial. The medical records document neuropathic pain, depression, and anxiety. The use of Pamelor (Nortriptyline) is supported by MTUS guidelines. Therefore, the request for Pamelor is medically necessary.